

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524214

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12	1					
13		1				
14		1				
15		3				
16		3				
17		3				
18			1			
19				1		
20					1	
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50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	19	←	17	←		←
TOTAL CLAIMS	21		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						